P20 0000 49477

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2020 NOV -2 AM 9: 49
SECRETARY OF STATE

12/14/20



COVER LETTER

FO: Amendment Sect Division of Corp		·	
NAME OF CORPO	RATION: ELYSIAN HAIR S	TUDIO INC	
DOCUMENT NUMI			
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	RICHARD A. VARTIGIAN		
		Name of Contact Perso	on
	FOREMOST TAX & ACCO	UNTING INC	
		Firm/ Company	
	1103 US HIGHWAY 1 SUIT	, ,	
	 	Address	
	SEBASTIAN, FL 32958		
		City/ State and Zip Coo	ie
	RICH@FOREMOSTTAX.C	OM	
	E-mail address: (to be us	sed for future annual repor	1 notification)
For further informatio	n concerning this matter, pleas	se call:	
			402 2088
RICHARD A. VART		at (de & Daytime Telephone Number
Name (of Contact Person	Area Ci	ode & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Dep	partment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	· ·
Mailing Address Amendment Section		Amen	Address dment Section
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee	
	Tallahassee, FL 32314 Tallahassee, FL 32314 Tallahassee, FL 32303		N. Monroe Street, Suite 810
		i allar	iassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

ELYSIAN HAIR STUDIQINC		2020 NOY -2 AM 9: 1,9
(Name of Corporatio	n as currently filed with the Florida	Dept. of State)
P20000049477		SECRETARY OF STATE
(Docume	ent Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporati	ion adopts the following amendment(s) to
A. If amending name, enter the new name of the co	rporation:	
		The new
name must be distinguishable and contain the word "con". "Inc.," or Co.," or the designation "Corp," "Inc.," "chartered," "professional association," or the abbrev	or "Co". A professional corporati	ited" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADD</u>		
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
D. If amonding the equiptored area to add as a city of the control		
 If amending the registered agent and/or registered new registered agent and/or the new registered or 		e name of the
Name of New Registered Agent		
Traine of the Wegineria rigen		
	(Florida street address)	
	,	
New Registered Office Address:	(City)	, Florida (Zip Code)
	•	(4) 2000)
New Registered Agent's Signature, if changing Regis		
I hereby accept the appointment as registered agent. I	am familiar with and accept the obliga	ations of the position.
Sional	ture of New Registered Agent, if chang	ing
5.8	,	6

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	V	LAURA J. VANDERMUELEN	1132 WEST INDIANTOWN ROAL
Add			JUPITER, FL 33458
X Remove			
2) Change			
Add			
Remove Change		<u> </u>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and in the amendment itself:

.

The date of each amendment(s) adoption	JOLY 151, 2020 on:	if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block of document's effective date on the Departm	loes not meet the applicable statutory filing requirements, this datent of State's records.	te will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted be action was not required.	by the incorporators, or board of directors without shareholder action	on and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s nt for approval.	š)
	by the shareholders through voting groups. The following stateme voting group entitled to vote separately on the amendment(s):	nt
"The number of votes east for the	amendment(s) was/were sufficient for approval	
by		
	(voting group)	
OCTOBER 21ST Dated	. 2020	
Signature	president or other officer - if directors or officers have not been	
selocied, by a	n incorporator - if in the hands of a receiver, trustee, or other court	ι
• •	uciary by that fiduciary)	
JENN	IFER A. MENILLO	
	(Typed or printed name of person signing)	
PRES	IDENT	
	(Title of person signing)	